

## APPLICATION FOR PHYTOSANITARY CERTIFICATE



## TO: STATE OF NEVADA DEPARTMENT OF AGRICULTURE

DATE OF INSPECTION: \_\_\_\_\_\_

Exporter Name and Address (Must be in U.S.)	Ultimate Consignee Name and Address		
(Must be III 0.3.)	(Must be foreign country destination)		
	(maet be tereight country decimation)		
Name of Product:			
Botanical Name of Product:	Number / Description of Containers:		
Distinguishing Marks:			
Means of Conveyance:	Press Name/Location:		
Wednes of conveyance.	Tross rame, Location.		
Point of Entry:	Number of Pounds (Statistical Data):		
Send Certificate To:	Billing To:		
Cond Continuate 10.	Simily 10.		